

IAP15 Rec'd PCT/PTO 23 OCT 2006 #

PCT

In re Application of:

YOSHIKATSU ICHIMURA, et al.

Application No.: 10/550,450

Int'l App. No.: PCT/JP04/04343

Int'l Filing Date: March 26, 2004

For: ELECTRIC POTENTIAL MEASURING DEVICE AND
IMAGE FORMING APPARATUS

Docket No.

03500.017986.

Examiner: Marina Kramskaya

Group Art Unit: 2858

Date: October 17, 2006

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13	MINUS	20	= 0	x \$25 \$50	\$0.00
INDEP. CLAIMS	4	MINUS	3	= 1	x \$100 \$200	\$200.00
Fee for Multiple Dependent claims \$180°/\$360						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$200.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

10/27/2006 GFREY1 00000158 10550450

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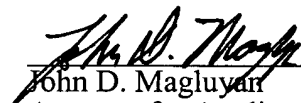
- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 200.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☒ A check in the amount of \$ 180.00 to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

10/27/2006 GFREY1 00000158 10550450

02 FC:1806

180.00 0P


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Form #120

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